

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/070601	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				51			
2	/	/				52			
3	/	/				53			
4	/	/				54			
5	/	/				55			
6	/	/				56			
7	/	/				57			
8	/	/				58			
9	/	/				59			
10	/	/				60			
11	/	/				61			
12	/	/				62			
13	/	/				63			
14	/	/				64			
15	/	/				65			
16	/	/				66			
17	/	/				67			
18	/	/				68			
19	/	/				69			
20	/	/				70			
21	/	/				71			
22	/	/				72			
23	/	/				73			
24	/	/				74			
25	/	/				75			
26	/	/				76			
27	/	/				77			
28	/	/				78			
29	/	/				79			
30	/	/				80			
31	/	/				81			
32	/	/				82			
33	/	/				83			
34	/	/				84			
35	/	/				85			
36	/	/				86			
37	/	/				87			
38	/	/				88			
39	/	/				89			
40	/	/				90			
41	/	/				91			
42	/	/				92			
43	/	/				93			
44	/	/				94			
45	/	/				95			
46	/	/				96			
47	/	/				97			
48	/	/				98			
49	/	/				99			
50	/	/				100			
TOTAL IND.	2	3				TOTAL IND.			
TOTAL DEP.	22	22				TOTAL DEP.			
TOTAL CLAIMS	24	23				TOTAL CLAIMS			

PTO-1290 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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